

2009 Adult Health & Wellness Guidelines for State Health Plan

\$1000.00 Maximum per Calendar Year with Risk Assessment
Not subject to Calendar Year Deductible
Payable only for Network Providers (in-state participants)
For ages 18 and over



AGE	SEX	PROCEDURE/NUMBER OF TIMES FOR AGE RANGE	CPT CODES ACCEPTED FOR EACH PROCEDURE
18 - 34 yrs	F	Preventive medicine evaluation, re-evaluation, or office visit/1 visit per year	99385: Initial preventive medicine evaluation 99395: Periodic preventive medicine re-evaluation
		Blood pressure/1 procedure per year	99201 - 99205: Office or other outpatient services, new patient 99211 - 99215: Office or other outpatient services, established patient
		Breast exam/1 procedure per year	G0402: initial preventive physical examination, face-to-face visit, services limited
		Hemoglobin, hematocrit, or CBC/1 procedure per year	85018: Hemoglobin 85013, 85014: Hematocrit 85025, 85027, 85032, 85041, G0306, G0307
		Urinalysis/1 procedure per year	81000, 81001, 81002, 81003: Urinalysis
		Immunizations/TB skin test as needed	See Immunization Codes
		Pap smear and pelvic exam/1 procedure per yr	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148: pap smear
		Lipid Profile- includes Cholesterol, Serum, Total (82465) lipoprotein, Direct measurement, High density cholesterol (HDL Cholesterol) (83718) / 1 per year	80061: Lipid Profile
Glucose/1 procedure per year (only for high-risk individuals)	82947: Glucose, quantitative 82948: Glucose, blood, reagent strip		

			<p>82950: Post glucose dose</p> <p>82951: Tolerance test (GTT), three specimens</p> <p>82962: Glucose, blood by glucose monitoring device(s)</p>
			36415 and 36416: Routine venipuncture
35 - 39 yrs	F	Preventive medicine evaluation, re-evaluation or office visit/1 visit per year	99385: Initial preventive medicine evaluation
		Blood pressure/1 procedure per year	99395: Periodic preventive medicine re-evaluation
		Breast exam/1 procedure per year	99201 - 99205: Office or other outpatient services, new patient
			99211 - 99215: Office or other outpatient services, established patient
			G0402: initial preventive physical examination, face-to-face visit, services limited
		Hemoglobin, hematocrit, or CBC/1 procedure per year	85018: Hemoglobin 85013, 85014: Hematocrit 85025, 85027, 85032, 85041, G0306, G0307
		Urinalysis/1 procedure per year	81000, 81001, 81002, 81003: Urinalysis
	Immunizations/TB skin test as needed	See Immunization Codes	
	Pap smear and pelvic exam/1 procedure per yr	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148: pap smear	
	Lipid Profile- includes Cholesterol, Serum, Total (82465) lipoprotein, Direct measurement, High density cholesterol (HDL Cholesterol) (83718) / 1 per year	80061: Lipid profile	
	Mammogram/1 procedure per year	77051, 77052, 77053, 77054, 77055, 77056, 77057, G0202, G0204, G0206, S8075: Mammography Provider interpretation for mammography (77051 if used in conjunction with 77056) (77052 if used in conjunction with	

			77057) 76092-26: Provider interpretation for mammography
		Glucose/1 procedure per year (only for high-risk individuals)	82947: Glucose, quantitative 82948: Glucose, blood, reagent strip 82950: Post glucose dose 82951: Tolerance test (GTT), three specimens 82962: Glucose, blood by glucose monitoring device(s)
			36415 and 36416: Routine venipuncture
18 - 39 yrs	M	Preventive medicine evaluation, re-evaluation or office visit/1 per year	99385: Initial preventive medicine evaluation
		Blood pressure/1 procedure per year	99395: Periodic preventive medicine re-evaluation 99201 - 99205: Office or other outpatient, new patient 99211 - 99215: Office or other outpatient services, established patient G0402: initial preventive physical examination, face-to-face visit, services limited
		Hemoglobin, hematocrit, or CBC/1 procedure per year	85018: Hemoglobin 85013, 85014: Hematocrit 85025, 85027, 85032, 85041, G0306, G0307
		Urinalysis/1 procedure per year	81000, 81001, 81002, 81003: Urinalysis
		Immunizations/TB skin test as needed	See Immunization Codes
		Lipid Profile- includes Cholesterol, Serum, Total (82465) lipoprotein, Direct measurement, High density cholesterol (HDL Cholesterol) (83718) / 1 per year	80061: Lipid Profile
		Glucose/1 procedure per year (only for high-risk individuals)	82947: Glucose, quantitative 82948: Glucose, blood, reagent strip

			<p>82950: Post glucose dose</p> <p>82951: Tolerance test (GTT), three specimens</p> <p>82962: Glucose, blood by glucose monitoring device(s)</p>
			36415 and 36416: Routine venipuncture
40 - 49 yrs	F	Preventive medicine evaluation, re-evaluation or office visit/1 visit per year	99386: Initial preventive medicine evaluation
		Blood pressure/1 procedure per year	99396: Periodic preventive medicine re-evaluation
		Breast exam/1 procedure per year	99201 - 99205: Office or other outpatient, new patient
			99211 - 99215: Office or other outpatient services, established patient
			G0402: initial preventive physical examination, face-to-face visit, services limited
		Hemoglobin, hematocrit, or CBC/1 procedure per year	85018: Hemoglobin 85013, 85014: Hematocrit 85025, 85027, 85032, 85041, G0306, G0307
		Urinalysis/1 procedure per year	81000, 81001, 81002, 81003: Urinalysis per year
	Immunizations/TB skin test as needed	See Immunization Codes	
	Pap smear and pelvic exam/1 procedure per yr	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148: pap smear	
	Lipid Profile- includes Cholesterol, Serum, Total (82465) lipoprotein, Direct measurement, High density cholesterol (HDL Cholesterol) (83718) / 1 per year	80061: Lipid Profile	
	Mammogram/1 procedure per year	77051, 77052, 77053, 77054, 77055, 77056, 77057, G0202, G0204, G0206, S8075: Mammography Provider interpretation for mammography (77051 if used in conjunction with 77056)	

			(77052 if used in conjunction with 77057)
		Stool for occult blood/1 procedure per yr	82270 thru 82274, G0328, G0394: Blood, occult, feces, 1 - 3 simultaneous determinations
		Glucose/1 procedure per year (only for high-risk individuals)	82947: Glucose, quantitative 82948: Glucose, blood, reagent strip 82950: Post glucose dose 82951: Tolerance test (GTT), three specimens 82962: Glucose, blood by glucose monitoring devices(s)
		Routine venipuncture for collection of specimens for any age	36415 and 36416: Routine venipuncture
40 - 49 yrs	M	Preventive medicine evaluation, re-evaluation or office visit/1 visit per year Blood pressure/1 procedure per year	99386: Initial preventive medicine evaluation 99396 Periodic preventive medicine re-evaluation 99201 - 99205: Office or other outpatient services, new patient 99211 - 99215: Office or other outpatient services, established patient G0402: initial preventive physical examination, face-to-face visit, services limited
		Hemoglobin, hematocrit, or CBC/1 per year	85018: Hemoglobin 85013, 85014: Hematocrit 85025, 85027, 85032, 85041, G0306, G0307
		Urinalysis/1 per year	81000, 81001, 81002, 81003: Urinalysis
		Immunizations/TB skin test as needed	See Immunization Codes
		Lipid Profile- includes Cholesterol, Serum, Total (82465) lipoprotein, Direct measurement, High density cholesterol (HDL Cholesterol) (83718) / 1 per year	80061: Lipid profile
		Prostate specific antigen with digital rectal exam/1 procedure per year	84153, G0102, G0103: Prostate specific antigen
		Stool for occult blood/1 procedure per yr	82270 thru 82274, G0328, G0394: Blood, occult, feces, 1-3 simultaneous

			determinations
		Glucose/1 procedure per year (only for high-risk individuals)	82947: Glucose, quantitative 82948: Glucose, blood, reagent strip 82950: Post glucose dose 82951: Tolerance test (GTT), three specimens 82962: Glucose, blood by glucose monitoring device(s) 36415 and 36416: Routine venipuncture
50 years and older	F	Preventive medicine evaluation, re-evaluation or office visit/1 visit per year Blood pressure/1 procedure per year Breast exam/1 procedure per year	99386, 99387: Initial preventive medicine evaluation 99396, 99397: Periodic preventive medicine new patient 99201 - 99205: Office or other outpatient services new patient 99211 - 99215: Office or other outpatient services, established patient G0402: initial preventive physical examination, face-to-face visit, services limited
		Hemoglobin, hematocrit, or CBC/1 procedure per year	85018: Hemoglobin 85013, 85014: Hematocrit 85025, 85027, 85032, 85041, G0306, G0307
		Urinalysis/1 procedure per year	81000, 81001, 81002, 81003: Urinalysis
		Immunizations/TB skin test as needed	See Immunization Codes
		Pap smear and pelvic exam/1 procedure per yr	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148: pap smear
		Lipid Profile- includes Cholesterol, Serum, Total (82465) lipoprotein, Direct measurement, High density cholesterol (HDL Cholesterol) (83718) / 1 per year	80061: Lipid profile
		Mammogram/1 procedure per year	77051, 77052, 77053, 77054, 77055, 77056, 77057, G0202, G0204, G0206, S8075: Mammography

			<p>Provider interpretation for mammography (77051 if used in conjunction with 77056) (77052 if used in conjunction with 77057)</p>
		Stool for occult blood/1 procedure per year	82270, 82272, 82273, 82274, G0328, G0394: Blood, occult: feces, 1 - 3 simultaneous determinations
		Flexible Sigmoidoscopy/1 procedure every 5 years OR Colonoscopy/1 procedure every 10 years	45330,45331, 45333, 45338, 45339, G0104: Sigmoidoscopy, flexible 44388, 44389, 44392, 44393, 44394, 45355, 45378, 45380, 45383, 45384, 45385, G0105, G0121: Colonoscopy
		Glucose/1 procedure per year (only for high-risk individuals)	82947: Glucose, quantitative 82948: Glucose, blood, reagent strip 82950: Post glucose dose 82951: Tolerance test (GTT(, three specimens 82962: Glucose, blood by glucose monitoring device(s)
			36415 and 36416: Routine venipuncture
50 years and older_	M	Preventive medicine evaluation, re-evaluation or office visit/1 visit per year	99386, 99387: Initial preventive medicine evaluation
		Blood pressure/1 procedure per year	99396, 99397: Periodic preventive medicine re-evaluation
			99201 - 99205: Office or other outpatient services new patient
			99211 - 99215: Office or other outpatient services established patient
			G0402: initial preventive physical examination, face-to-face visit, services limited
		Hemoglobin, hematocrit, or CBC/1 procedure per year	85018: Hemoglobin 85013, 85014: Hematocrit 85025, 85027, 85032, 85041, G0306, G0307
		Urinalysis/1 procedure per year	81000, 81001, 81002, 81003: Urinalysis
		Immunizations/TB skin test as needed	See Immunization Codes

	Lipid Profile- includes Cholesterol, Serum, Total (82465) lipoprotein, Direct measurement, High density cholesterol (HDL Cholesterol) (83718) / 1 per year	80061: Lipid profile
	Prostate specific antigen with digital rectal exam/1 procedure per year	84153, G0102, G0103: Prostate specific antigen
	Stool for occult blood/1 procedure per year	82270, 82272, 82273, 82274, G0328, G0394: Blood, occult: feces, 1-3 simultaneous determinations
	Flexible Sigmoidoscopy /1 procedure every 5 years OR Colonoscopy/1 procedure every 10 years	45330, 45331, 45333, 45338, 45339, G0104: Sigmoidoscopy, flexible 44388, 44389, 44392, 44393, 44394, 45355, 45378, 45380, 45383, 45384, 45385, G0105, G0121: Colonoscopy
	Glucose/1 procedure per year (only for high-risk individuals)	82947: Glucose, quantitative 82948: Glucose, blood, reagent strip 82950: Post glucose dose 82951: Tolerance test (GTT), three specimens 82962: Glucose, blood by glucose monitoring device(s)
		36415 and 36416: Routine venipuncture

IMMUNIZATION CODES

CPT/HCPCS CODE	CODE DESCRIPTION
G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine
G0010	Administration of hepatitis B vaccine
86580	Skin test; tuberculosis, intradermal
86585	Skin test; tuberculosis, tine test
90465	Immunization administration under 8 years of age (percutaneous, intradermal, subcutaneous, or intramuscular injection) when the physician counsels the patient/family; first injection
90466	Immunization administration under 8 years of age (percutaneous, intradermal, subcutaneous, or intramuscular injection) when the physician counsels the patient/family; each additional injection
90467	Immunization administration under 8 years of age when the physician counsels the patient/family; first injection
90468	Immunization administration under 8 years of age (percutaneous, intradermal, subcutaneous, or intramuscular injection) when the physician counsels the patient/family; each additional injection

90471	Immunization administration; one vaccine
90472	Immunization administration; additional vaccine
90473	Immunization administration by intranasal or oral route: one vaccine
90474	Immunization administration; additional vaccine
90632	Hepatitis A vaccine, adult dosage, for intramuscular use
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 Dose schedule, for intramuscular use
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 Dose schedule, for intramuscular use
90636	Hepatitis A and Hepatitis B vaccine (HEPA-HEPB), Adult dosage, for intramuscular use
90645	Hemophilus Influenza B vaccine (HIB) HBOC conjugate (4 dose schedule), for intramuscular use
90646	Hemophilus Influenza B vaccine (HIB) PRP-D conjugate for booster use only, intramuscular use
90647	Hemophilus Influenza B vaccine (HIB), PRP-OMP conjugate (3 dose schedule) for intramuscular use
90648	Hemophilus Influenza B vaccine (HIB) PRP-T conjugate (4 dose schedule) for intramuscular use
90649	Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18 (Quadrivalent), 3 dose schedule, for intramuscular use - Ages 18 thru 26 only.
90655	Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use
90656	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use
90657	Influenza virus vaccine, split virus, 6-35 months dosage, for intramuscular or jet injection use
90658	Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular or jet injection use
90659	Influenza virus vaccine, whole virus, for intramuscular or jet injection use
90669	Pneumooccal conjugate vaccine, polivalent, for intramuscular use
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use (Rotarix)
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTAP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use (Kinrix)
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenza B and poliovirus vaccine, inactive (DTaP-HIB-IPV), for intramuscular use
90700	Diphtheria, tetanus toxins, and acellular pertussis vaccine (DTap), for intramuscular use
90701	Diphtheria, tetanus toxins and whole cell pertussis vaccine (DPT), for intramuscular use
90702	Diphtheria and tetanus toxins (DT) absorbed for pediatric use, for intramuscular use
90703	Tetanus toxoid absorbed, for intramuscular or jet injection use
90704	Mumps virus vaccine, live, for subcutaneous or jet injection use
90705	Measles virus vaccine, live, for subcutaneous or jet injection use

90706	Rubella virus vaccine, live, for subcutaneous or jet injection use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous or jet injection use
90708	Measles and rubella virus vaccine, live, for subcutaneous or jet injection use
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90713	Poliomyelitis vaccine, inactivated, (IPV), for subcutaneous use
90714	Tetanus and diphtheria toxoids (TD) absorbed, preservative free, for use in individuals seven years or older, for intramuscular use
90715	Tetanus and diphtheria toxoids and acell pertussis vaccine (Tdap), seven years and above, for intramuscular use
90716	Varicella virus vaccine, live, for subcutaneous use
90718	Tetanus and diphtheria toxins (Td) absorbed for adult use, for intramuscular or jet injection
90719	Diphtheria toxoid, for intramuscular use
90721	Diphtheria, tetanus toxins, and acellular pertussis vaccine and Hemophilus influenza B vaccine (tap-HIB), for intramuscular use
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and Poliovirus vaccine, inactivated (DTAP-HEPB-IPV), for intramuscular use
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult dosage, for subcutaneous or intramuscular use
90733	Meningococcal polysaccharide vaccine (any group) for subcutaneous use
90734	Meningococcal polysaccharide vaccine (serogroups A, C,Y and W-135 (Tetravalent), for intramuscular use
90736	Zoster (shingles) vaccine, live, or subcutaneous injection for age 60 and above
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744	Hepatitis B vaccine: pediatric/adolescent dosage, for intramuscular use
90746	Hepatitis B vaccine, adult dosage, for intramuscular use
90747	Hepatitis B vaccine, dialysis immunosuppressed patient dosage, for intramuscular use
90748	Hepatitis B and Hemophilus influenza B vaccine (HepB-HIB), for intramuscular use